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Original Articles

THE SUCCESSFUL TREATMENT OF CHRONIC CONSTIPATION.

BY W. H. H. KING, M.D., Carthage, Mo.

THE physician is probably consulted more frequently for the relief of chronic constipation (hope of cure having been abandoned) and its attendants than for anything else. That there are more people suffering with that trouble who have left the doctors with a feeling akin to disgust, and who are "doing the best they can" with various patent nostrums and pills, than there are people complaining of anything else, I am free, after many years of practice, to say is equally true. Observing these facts, I was forced to believe that as so many excellent physicians had failed to cure they were on the wrong track—that their etiology was incomplete and therefore treatment would be ineffectual. "The more physic or laxative I take the more I have to take" is axiomatic among the laity and familiar to all medical ears. Long ago I observed that whatever may have been the cause of the constipation, and though that cause may have been removed, there yet remained in every case one —the secondary and prolonging cause of the trouble—viz., a marked anesthesia over the abdomen with a lowering of its temperature and a paretic condition of its muscles and those of the intestines. I recalled "the same nerve trunk (Hilton) that supplies sensation to a part also sends branches to the muscles underlying the part," and felt that, could these secondary causes be removed, a cure could be effected.

The inherent nature of muscular fibre is to contract, and I state but a generally accepted fact when I say that in faradic electricity we have the most powerful stimulant of this contractibility. These facts being accepted, I proceeded to apply the current in the ordinary manner, and found that the abdomen was to a degree anesthetic and that contractions of the oblique and transversalis, and, in fact, all the abdominal muscles, were absent. On using a more powerful current, if it were strong enough to contract deeply (after a few daily applications), the cathode contraction predominating, the muscular contractibility would be almost immediately lost through exhaustion when the current was cathodal, and the pain would be great. The sponges were then alternately removed and reapplied, but just at the moment of leaving or returning to the skin the pain would be unbearable. I then devised an automatic interrupter and used a coil I made in 1881 of fine wire 4700 feet long. When this was used the pain was found to be less, but the treatment was ineffectual, because the cathode always being at the same place the current was in the same direction. I then added to the same mechanism an alternator, wherein the current flowed first to one sponge (anode) and then to the other, making the contractile influence operate in alternate directions through the muscles at each stroke of the pendulum, the period of flow being much shorter than the interval occupied in changing the polarity. The results were beautiful and far more satisfactory, the muscles fairly dancing, and the pain being nothing as compared with the pain produced by the same strength of current when I suddenly switched it back into the ordinary current passing in one, the cathodal, direction. After a few daily treatments the abdomen can be made to "dance" in this way and the coils of intestines can be felt in motion under the fingers. By holding the pendulum so that the current would flow for a short time in one direction, and then holding it in the middle position with no flow for an equal length of time, by closing in the current again in the opposite direction to which it last "flowed," I was astounded to see the umbilicus drawn deeply toward the lumbar vertebræ, then in a moment resuming its place. At the same time the muscles on both sides as well as the recti were thrown into the most violent contractions, while the coils of intestines could be distinctly felt swelling up and receding at each change of current. The remarkable thing in this treatment is that the patient does not complain of the pain, but laughs at the "pull." Some patients have their muscular contractility respond better at first to the current alternated with unequal periods of rest and flow, while others respond more quickly or better to the current of equal periods of flow and rest. I clearly understand that the faradic and the sinusoidal currents are interrupted currents, but their power over muscles is a hundred fold enhanced by letting the cathode predominate at a given point for only a short interval, thus avoiding a weakening effect on the power of contractility. This would

be giving a true sinusoidal treatment with or without the so-called sinusoidal current.

By a single switch any current in my cabinet may be thrown from the sinusoidal wheel to the alternator with unequal periods of rest and flow, where also simple interruptions may be made with either sponge, + or —, or by a separate switch the device may be made to give off continuously the ordinary currents, galvanic, faradic, or sinusoidal, with a predominance of cathodal influence. To attempt electro-massage of intestinal walls when they are distended with flatus or feces would be the height of folly and then the electricity would be blamed for the failure. Let the patient come for treatment for a few days with bowels empty, either by enemata or aperients, and soon their improved condition will cause the syringe and the pills to be discarded, and, permanently so, if treatment be sufficiently prolonged, and if the patient observe good common sense and hygienic rules of the simplest kind. The foregoing might be followed by much concerning the unequaled means this new method of applying currents affords in restoring the activity of a torpid liver, the enlarged uterus to a normal state, and generally in performing massage of the deep internal parts. If I have succeeded in pointing out the manner of scientifically and rationally treating chronic constipation and the manner of experimentation by which success was attained, the purpose of this article will have been attained.

PSYCHIATRY AND THE HISTORY OF LITERATURE.*

By P. J. Mobius.

PREJUDICE, mistrust, misunderstanding and ignorance are the things with which the alienist has most to contend. The reason for this is found in the deep-rooted fear of insanity, in superstition, in the belief of the old tales, and in legal and theological sanctity. The arch enemy is, however, ignorance. Who can overcome this better than the alienist himself? The walls must be torn down and the bars and gates taken away. This does not mean merely that the insane asylums must develop from prisons into hospitals, but it is true also in a more figurative sense. The alienist must come out of his retirement and enter into life itself. The dwellers in an insane asylum are only a small proportion of the mentally sick. All of life is full of the psychopathologic, so the alienist must take part in life as a whole, and attempt to permeate it with his understanding. Alienists have been justly criticized because so many of them have too narrow a conception of their specialty. To many of them the wall of the asylum is the end of the world. Many, again, have allowed themselves to be hypnotized by the word science. Psychiatry is a part of medicine and medicine is a part of natural science. The tendency of all natural science is to develop into physics and chemistry; therefore psychiatry must become physics and chemistry. This tendency of natural science leads next to the exaggeration of the importance of anatomy. Many alienists, losing sight of the purpose of their specialty, become merely the servants of the anatomists. Certainly one of the purposes of psychiatry is the demonstration of the brain changes which accompany a pathologic state of the mind, but this is not the highest purpose.

The pathologic anatomy of the brain is of secondary importance, while normal brain anatomy has no place at all among the problems of psychiatry. It is a very fine thing indeed, if the alienist makes a contribution to the knowledge of this subject, but if he does not pursue his specialty but from an official standpoint, he is wasting his time. If one wishes to devote himself to the study of brain anatomy, together with psychiatry, no one can prevent him; but one should not forget that there is a limit placed upon human power. The power that is given to anatomy is taken from psychiatry. The anatomy of the brain is such a serious and difficult subject, that it is not wise to be a dilettante in it. It is here, everything or nothing; there is no middle ground. Most of the work that is done on brain anatomy as a side issue is worthless, and is an obstacle instead of an aid to progress. The alienist cannot dabble in outside things, if he is to devote all his time to psychiatry. Does this depend on the nature of the subject itself? Not at all; psychiatry is not properly understood. Psychiatry is fundamentally different from all other natural sciences, with the exception, naturally, of psychology, because its subject is not a material thing, but the abnormal state of the mind. True, indeed, psychiatry includes within itself the relation to matter—that is, to the body or brain—but it has to do, principally and foremost, with the difference between normal and abnormal mental activity. If psychiatry is to be truly scientific, then it must be clinical. Clinical psychiatry, seriously considered, presents problems which need all the strength at hand. It carries with it an understanding of normal mental activity, under the most varied conditions, because without this knowledge deviations from the normal would not be recognized. The question deals not alone with the recognition of the single forms of insanity, and their progress—a subject which is as yet by no means settled—but also with the solution of mental activity as such. The physician passes sentence upon questions of health in the ordinary sense of the term; for this purpose the science of hygiene has been developed. In some such manner, the alienist should judge concerning

*Translated from the Psychiatrische Wochenscrift, May 6, 1899, by Sidney I. Schwab, M. D.

mental soundness; he alone is capable of doing this, because he alone knows what the abnormal means. If the alienist is to perform this task properly, then no part of psychic life should be unknown ground to him. As the hygienist must know about the different trades, the factories, etc., in order to realize the conditions necessary to bodily health, so the alienist must be familiar with every part of mental life in order to know the conditions of mental soundness. If psychiatry is considered in this light it grows from a maid to a mistress. Then, indeed, it becomes that which, in the nature of the subject, it should. The alienist will then be a judge concerning all human affairs, a teacher to the jurists and theologians, a leader of the historians and authors. It must not be forgotten, however, that neither anatomic nor chemic studies can lead to this exalted position; he only can be a judge of psychic things to whom nothing psychic is strange.

An example, illustrating how wide a field psychiatry can include, is offered by the psychiatric consideration of literature. The alienist as well as the literary historian can obtain advantage from this. They have to recognize how the psychopathologic "mehrwertigkeiten"* are formed, a study not less important than that of the "minderwertigkeiten," to use a term which is not euphonic but which is much in favor at present. Certain investigations can only be pursued among those of a high state of development. For example, the independence of talent from the organization of an individual, and from the peculiarities of the ancestry, the course of hereditary, the relation between the plus and minus of activity, whether a certain plus is in proportion to a determinate minus. The insane asylum is scarcely a favorable place in which to study hyperplasia of the brain. With the exception of cases of partial hyperplasia, which now and then are found there, only poorly developed minds are met with. Even in life only a few will be fortunate enough to have an opportunity to study great minds. There remains, then, only literature, especially biography. Unfortunately biographic literature, from the standpoint of medicine, is very incomplete. The most beautiful material is wasted and will be wasted because the writers have no psychiatric knowledge and because they have no idea of its importance. Our information concerning many historical personalities is and remains incomplete because the questions which the physicians could have asked cannot any more be answered. If biography and history could have been written with medical, espeially psychiatric, knowledge, many things would appear in a different light than they do now. Will it always be so? or shall it not be the duty of physicians, by means of their understanding of human life, to force people to listen to their words? No man will ever be understood as long as medical judgment of him is lacking. It is unbearable to see how philologians and other book-learned people pass judgment concerning men and their actions, without being aware that more is necessary for this than mere moralizing and current human knowledge. Justice must be granted to the doctor; he must be listened to everywhere, and this will come to pass as soon as his opinion is worth hearing. In truth, the way from the drug-casket to that of soul-physician is a long one; but if it is once passed over, the influence of the doctor will be other than at present and his voice will reach farther than ever before. Those who are at present in authority will create difficulties in the beginning. There is nothing unexpected in this, as no one at first wishes to share his power with another. It should not be surprising to hear anyone declare with comical näivetät that he is competent.

Ten years ago when I published the history of the case of Jean Jacques Rousseau,* a well-known literary historian wrote to me as follows: "That is all very well, but I, for myself, am by no means convinced that Rousseau was insane."

Gradually, however, a change will come and the historian of literature will come to see how useful to him the coöperation of the physician will be. Most of them, at the bottom, strive earnestly for truth. If they once are convinced that by means of psychiatric examination new points of view are open to them, they will cease their objections. Already it is coming to be appreciated that a work cannot be understood, except as a product of a person. It must further be grasped that a person cannot be appreciated if attention is not given to his pathologic side. The old popular division of people into healthy and unhealthy must be given up. Everyone to a certain degree is pathologic and in every human product the pathologic plays a part; the higher the development of the individual the more important becomes the pathologic. It would be altogether wrong to assume from this that only the writers who were popularly believed to have been insane need medical examination; everyone needs it. As no perfectly symmetrical skull exists, so no perfectly normal brain exists; certain talents carry with them a hyperplasia of certain parts of the brain. This does not exist without a disturbance of balance. These truths must be recognized, whether it is pleasant or not. If they are once fully accepted, then the study of the "minderwertigkeiten" will be more fruitful than at present. Then those who have been neglected will be gone over again as far as it is possible, and the living at least will be regarded with other eyes, and it will be so arranged that a complete judgment may be rendered. Here and there the traces of this

*This term is almost untranslatable. It means the quantivalence of the majority.

*J. J. Rousseau's Krankheitsgeschichte. P. J. Möbius. 1889. Leipsic: F. C. W. Vogel.

tendency can be observed. For example, as Toulouse's description of Zola. Even if exaggeration and mistakes do at first happen, no harm will result, because the important thing anyway is that the right way should be pointed out. All beginning is difficult and in time there will come success here also. May, then, the alienist strive for victories and extend his domain as far as possible. If by this effort he is brought more in touch with general literature, then it will have this added advantage of making medical language more and more akin to the German.

Notes and Items

IT IS announced that Dr. A. C. Bernays will conduct a private surgical class for practitioners in the near future.

THE next meeting of the Illinois State Medical Society will be held in Springfield in June, 1900, and will be the fiftieth anniversary. It will be known as the Jubilee meeting. Springfield, the capital of the State, is the place where the first meeting was held and at this meeting the society was founded, though there had been a preliminary meeting held at Peoria the year before.

"IMPRUDENT HOMICIDE," is a term used by French courts. It evidently includes what is understood in English jurisprudence by the term manslaughter by misadventure. Recently a Paris physician was sentenced to two months' imprisonment for "imprudent homicide." The imprudence in this case consisted in leaving a pair of forceps in the abdominal cavity after a laparotomy.

THE importance of pure and fresh milk in preventing the sickness and mortality among the poor of our large cities has been recognized in both Philadelphia and New York. In the latter city the benevolence of a wealthy citizen has permitted the extensive distribution of an excellent quality of milk throughout the poorer quarters of the city. This distribution is to be supplemented by the establishment of depots in the different parks, both for the sale and free distribution of sterilized milk. Philadelphia has also established a public milk depot in which pure fresh milk is sold at four cents per quart.

BODIS, an Italian statistician, has been studying the birth rates of the various countries of Europe. Russia is said to have the highest and Ireland the lowest birth rate. The countries in the various orders are as follows: Russia, Hungary, Servia, Roumania, Austria, German Empire, Italy, Spain, Finland, Portugal, Holland, England, Wales, Scotland, Denmark, Norway, Belgium, Sweden, Switzerland, Greece, France, Ireland. It would be interesting to know where the United States stands in this list; but unfortunately there are no statistics of value which could be used for comparison. The birth rate is certainly low among native Americans, and it is probable that even the foreign-born population does not hold the same record in this country that it does when at home.

THE formulæ adopted by Mrs. Eddy, which sums up the Christian Science doctrine, is contained in the following four propositions:

1. God is all.
2. God is good. God is mind.
3. God, spirit, being all, nothing is matter.
4. Life, good, God omnipotent, deny death, evil, sin, disease—disease, sin, evil, death deny, God omnipotent, good life.

To the fourth or last proposition, we would respectfully call the attention of our readers. To any one offering the first correct solution of the puzzle, a year's subscription to the REVIEW will be sent.

KALA-AZAR is the name of a peculiar epidemic recently found in Assam. Dr. Leonard Rogers, at a meeting of the Medico-Chirurgico Society of London, maintained that the disease is a severe malarial fever, which, after a succession of unhealthy seasons, attains a certain degree of communicability. In Assam the disease is epidemic among the coolies, and is said to be fatal in from seventy to ninety per cent. of those attacked. Segregation of the infected has been found to be effectual in controlling the epidemics. If the theory of Dr. Rogers is correct, that this is a malarial disorder, contagion in the sense of communication from one person to another by direct contact is certainly negative. There is nothing in the history of the malarial parasite, or in the clinical history of the various forms of malaria, that would lead one to believe that the disease could be communicated directly from one person to another.

DR. GEORGE GOULD, in an address before the graduates of the Johns-Hopkins Hospital School for Nurses, on the duties and the danger of organization in the nursing profession, said pertinent things which apply quite as well to other organizations than those of nurses.

"You may gather that I have a more vivid feeling of the dangers than I have of the benefits of organization, and I shall not very emphatically deny the charge. The shame and infamy of anti-Dreyfus France, the degredation of American boss-politics, the cruelty and selfishness of monopolies, our pension demagoguery; such things are ever before our eyes to warn us against giving up our freedom and our honor to any organization. The hardest of all problems you will have to solve will be to secure the good things that are obtainable only through organization and at the same time to avoid the evils so generally the consequences of organization."

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HAFFKINE'S INOCULATIONS AGAINST CHOLERA.

The discussion before the Royal Society, of the efficacy of Haffkine's inoculations against cholera, was generally favorable to the procedure. Lord Lister said that if any one before that meeting had doubts, these must be removed by the address. As to further progress, this was possible in this as in any other cases. The Epidemiological Society tendered Mr. Haffkine a dinner. Prof. Wright, of the Plague Commission, acknowledged Mr. Haffkine's experiments to have been brilliant, but he thought it much more important to find whether inoculations would be favorable in other infectious diseases.

THE VALUE OF CORSETS.

It is the fashion nowadays to decry the use of the corset as an article of feminine wearing apparel, and to point to many pathologic lesions caused by its use. Recently, however, there has appeared a champion in its cause. Schanz, in the *Deutsche Medizinische Wochenschrift*, July 20th, 1899, points out that the corset causes the weight of the skirt to rest upon the hips, and claims that the suspending of the skirts from the shoulders, as proposed by dress-reformers, would bring about a great increase in the already too abundant scoliosis of our women; and he shows by reference to paintings and to histories of women's costume, that in times when there were no corsets scoliosis was the rule.

According to this authority the only possibility for true reform consists in the adoption of the trouser by our women. So long as the skirts are worn, in the light of his investigation, corsets can certainly not be regarded as unmitigated evils.

THE LACK OF SANITATION IN FRUIT PORTS.

The deplorable condition of the Central American and Columbian fruit ports is shown by the report of C. W. Knight, acting Surgeon U. S. M. H. S. of Belize, British Honduras, who says of this port:

"Several canals from the sea connect with the Belize River. There is at all times about two feet of water in these canals, which is only moved by the tide superficially, never disturbing the deposit in the bottom. There can be no drainage, as there is no current, the canals being at all times on a level with the sea and river. The canals are used for the reception of the slops and fecal matter that may accumulate in the houses during the day. This refuse is kept in buckets until the hour of 8 to 9 P. M., then carried through the streets and thrown into the canals or sea front. You can see at the hour mentioned numbers of women carrying their buckets through the streets, some open and some closed, spreading the stench as they go. Persons living near the shore often have to close their houses while this brigade is passing, to exclude the odor.

"The water inside the bar will average about four feet in depth. During the rainy season the Belize River floods very frequently, which has a tendency to wash the putrid matter out to sea and change the water in the harbor. Fortunately, ships anchor outside in deep water, therefore do not drag this mud about with their anchors. With the excrement of 8,000 people being disposed of daily for the last fifty years, it would appear that Belize would be very unhealthy, but the records of Dr. Eyles, Colonial Surgeon, showed that yellow fever appeared in 1860 and 1869; there was no more fever until 1886, then annually to 1891."

Belize is one of the Central American fruit ports, which has an extensive commerce with the Southern ports of the United States. It is amazing that, with such sanitary conditions in a tropical country, that so favorable an account should be given of the general health of the inhabitants.

THE VALUE OF BEEF TEA AND EXTRACT OF BEEF.

The lay mind is more or less imbued with the idea that a food can be concentrated. The conception of the strength of an ox in a single bowl of broth, while generally left for the realms of fiction, has its counterpart in the less exaggerated view that the nutriment in several pounds of beef can be reduced to a few ounces of liquid. Modern physiologic teaching has largely disabused the medical mind of these fanciful ideas, but lingering traces of them are still found in the faith with which the profession prescribes beef extracts and beef tea. That the watery extract of beef in some way represents the nutrition

of the beef still lingers in the professional mind, though the assertion has been over and over again disproven.

What is true of beef tea is also true of beef extracts, which are only watery infusions evaporated to a paste-like consistence. When added to water, the quality of the original beef tea from which they were made is restored. Beef tea is usually administered hot, and like all hot infusions, possesses a certain amount of stimulating power. In addition, it contains the salts, urea, and extractives found in the beef; these have a certain diuretic power, notably the urea.

Beef tea or beef extract may perform a useful function in the practice of medicine, where we wish to take away all food. As a therapeutic measure, the withdrawal of food is not resorted to as often as it should be. When all food is withdrawn, vigorous objection is soon made by the patient and friends. In such cases the administration of beef tea will meet the views of the patient by furnishing him with what he believes is a very concentrated nourishment, but which is in fact a starvation diet. We believe that the chief value of beef tea and its hold upon the professional and lay mind are largely due to the fact that when it is administered alone practically no food is being given. Many cases improve under the beef tea, and consequently it receives credit for possessing powerful nutritive qualities, when on the contrary it possesses practically none, and its administration has displaced food, which, if it had been administered, would have caused disturbance of the alimentary tract.

The efforts of manufacturers to furnish a liquid beef have thus far not met with brilliant results. A very good substitute, and one which is palatable, are the various brands of powdered beef. These are prepared by drying beef and pulverizing it and they make an excellent addition to vegetable soups. They contain all the nutritive qualities of the beef, and their digestion is accomplished without much difficulty. English manufacturers have prepared various forms of beef jelly, in which powdered beef is mixed with the extract; the most of these are not palatable, and while they represent the greater proportion of the nutrition of the beef, they are not more highly concentrated than is the beef itself; certainly not after the necessary water has been added to admit of its administration.

The most valuable form of the beef preparations is found in the predigested beef, either in the form of a liquid or evaporated to the consistency of jelly. In these preparations the proteids are changed into various soluble albumins or peptones and in this way are kept in solution. Their administration supplies the system with all of the nutriment found in the original beef.

We are satisfied that physicians pay too little attention to the domestic manufacture of beef extract. This is easily prepared in the average household, and as a rule furnishes a more palatable and reliable product than the manufactured article. If prepared in the right way it represents all of the nutritious properties of beef. Small meat presses are now to be found in the market which are operated by a screw, so that a very considerable degree of pressure can be brought to bear in expressing the juice. The method of procedure is to take a thick piece of beef free from fat, preferably from the round, and place it upon the fire, which should be hot, so as immediately to brown the outer portion of the meat, leaving the albuminoids in the central portion uncoagulated. The press, which has been previously placed in hot water so as to bring it to a temperature of about 100°, is then taken out, the meat placed within it, and the juice expressed into a warm cup. Made in this way, beef juice contains a considerable proportion of the albuminous constituents of the beef and so represents all of its nutritious properties. A beef juice of this kind is very easily absorbed by the stomach and is quite palatable. It has no raw taste and it may be flavored by the addition of salt and pepper which have been added to the original meat. At the same time vegetables, such as onions and carrots, may be placed with the beef and their juices thus obtained, adding to the nutritious properties of the expressed liquid and imparting to it an equal flavor, which can be varied at will.

INCREASE OF CREMATION.

According to the statements of cremation societies in this country and Europe, this rational and hygienic way of disposing of the dead is being rapidly adopted. The crematory at Woking, England, was established in 1885, in which year three cremations took place. The following year there were ten; in 1897 the number had risen to 173, and in 1898 to 240. The movement is gathering decided volume in England, and already numerous towns are applying for permission to erect crematoria. The number in this country is increasing; but the cost of cremation, both in this country and England, is in many cases prohibitive. In Woking, from fifty to seventy-five dollars is charged for each cremation. In many cases the transportation of a body for a considerable distance must be provided for, and where this is necessary the cost becomes practically prohibitive, excepting for the wealthy. The least cost for cremation is twenty-five dollars, aside from transportation; even this sum is beyond the means of many, who would gladly avail themselves of this means of disposing of the dead. As a part of the sanitary movement of the day, we think it should be the duty of health departments, or our municipal authorities, to provide crematoria for the poor where reduction of bodies may be done free of charge, or at such moderate cost as places it within the reach of those of moderate means.

Society Proceedings

MEDICAL SOCIETY OF CITY HOSPITAL ALUMNI.

Stated Meeting, Thursday Evening, May 4,
The President, Dr. Geo. Homan, in the Chair.

Dr. M. F. Engman presented a patient with

Dermatitis Artificialis.

The case was one of indefinite hysteria and was seen first at the clinic at the Marion-Sims Medical College. The patient was referred to his clinic on account of an eruption on the body, which she claimed appeared about a week previously, first on the chest. The patient gives a neurotic history and has had "fits" at different times. She has a vicarious menstruation, sometimes bleeding from the nose during her periods. She thinks she has periods of unconsciousness, in which she does not know what occurs. Her mother, so the patient says, states that during these attacks she is destructive, having once broken a valuable vase. The eruption is a dermatitis artificialis, more or less irregularly distributed, especially on the extremities. The lesions consist of red blotches, with a brown areola, ranging from the size of a quarter to the palm of the hand. Some are more or less round, some irregular in outline, but the spots are characteristic in being sharply defined and irregular. On the shoulder there is a typical spot. There she had a mole and the eruption occurred around that; it is sharply defined, yet it is irregular. On the breast there is a more recent spot. I asked her if she had any spots on the nipple, and, strange to say, they have occurred there. On the leg the spots are characteristic; you will notice the difference in the spots, some of them being irregular and some being more or less elliptical in shape. These spots are painful. On the arm there is a characteristic spot; there the reagent used has run down the arm and penetrated deeper into the skin. Dr. Schwab has seen the case with me several times, and I would like to hear his remarks on the neurologic aspect of the case, which, of course, is the most interesting part of it. I am not in a position to make a full report of the case, because I did not know all of the features connected with it.

Dr. Sidney Schwab said: The first question we tried to decide was, whether or not it was a case of hysteria. After a hasty examination, I could not say that it was hysteria. The patient was of neurotic temperament and has some slight areas of anesthesia. She had headaches, which were not very typical, going from temple to temple rather than backwards, though the history is not very clear. If she were hysterical I think it would be fair to say the headaches were accidental. We have been trying to get at the motive, and think we are on the right track. Her mother died some ten years ago and she now has a step-mother. The father has a violent temper and exhibits bursts of anger, but no evidence of violence could be found. One of her motives might be a desire for sympathy, but she says she has told no one, so that the question of sympathy is ruled out. Another interesting feature is, that about five months ago she had a quarrel with the man to whom she was engaged. From that date began those periods of unconsciousness; though we tried to get some connection with these attacks and the eruption, we were unable to do so. Then the question as to whether she or some one else did it came up. She was very reticent and gave no answers to our questions. Dr. Engman then asked her when she did it, and suggested that she had used carbolic acid; this startled her, and we felt that we were on the right track. Then, so as not to make the question too pointed, we suggested that she did it in one of her attacks. We obtained nothing very definite. Then, later, she denied the whole thing and the case is still a puzzle; two other points to be considered are exhibitionismus and a psychopathic sexual condition. Whether this was not done to regain the sympathy of the man was to be considered. Probably if this man found out that it was through his doing that she was afflicted in this way, and had these periods of unconsciousness and this eruption, he would come back to her.

Dr. Joseph Grindon said these cases of feigned eruption are of profound interest, on the one hand dermatologic and on the other neurologic. The chief points in the differential diagnosis between these eruptions and others similar to them are: First, that the lesions are found only upon such portions of the body as are accessible to the patient. In a certain proportion of cases, when the patient is right-handed, the lesions are located on the left upper extremity, but on both lower extremities. Secondly, we note the peculiar outline of the lesions; they are angular. While the general outline of the wound may seem to be circular, yet a closer examination will show the patch to be bounded by straight lines, making more or less obtuse angles with each other. Thirdly, there is usually something about them which betrays the agent used, as the linear scratch of a needle or pin, or the discoloration produced by acids; the mark left by carbolic acid is very characteristic to one familiar with it. Fourthly, together with the above, we must consider the general neurotic constitution of the patient and the motives which might impel to the act. He mentioned a case in which the diagnosis was finally proved to all concerned by the nature of one of the agents used. The case was that of a young lady in a female seminary, who was the subject of a very peculiar eruption. She was somewhat below the average of intelligence, so that, while tall, she was in a class of small girls. Her mother was for a long time

markedly hysterical, and there were evidences of neurosis in other branches of the family. This girl had a peculiar eruption, looking much like a weeping eczema, on each eyelid. The true nature of the trouble was not suspected at first, and as she was suffering from a gastric derangement, this was prescribed for and a soothing lotion given for the eyelids. She was seen a few days later and the lesions on the eyelids had disappeared, but below them, bounded above by the inferior margin of the orbit, was on each side a triangular patch, resembling those which the circus clown paints. Then he recognized the true nature of the case. He had learned by experience not to communicate such conclusions to relatives until he was able to prove his diagnosis. He told the girl to use the same application to the new patches. A week later the new patches had almost healed, but at the angle of the jaw on each side there was a beautiful patch. He then asked the attendant to leave the room and he questioned the girl as to whether she was happy in the school. She said she was; she loved the teachers and the girls and had such a nice time there. She did not want to go home, and had no idea how these things came on her. He told her she brought them about by handling her face too much, that she must keep her hands off and they would get well. A few days later he was sent for and found some deep lesions extending down to the corium on the arms, which had become pus-infected. The next time there was large lesions on the legs, as large as a silver dollar. After one of his visits the doctor called to see her mother and communicated his diagnosis. She was very indignant and said it could not be true; that her daughter was not crazy, and asked if he thought she wanted to go home. Dr. Grindon said he thought so. The patient would not say so; indeed, she denied it. Some days later he was again called after dark, and was told that the girl was bleeding freely from the spots. When he arrived he found the places tied up with clothes, which had been smeared with a red material. One look at this was sufficient to tell him him it was not blood, but a mineral substance used in china painting. He asked if china painting were included in the curriculum, and was told that it was, and that Miss ——— had a stock of the materials in her room. The matter was set forth to the mother, who then recognized that her daughter was feigning. It was all done evidently with the purpose of being taken home, which purpose was accomplished. As to the case before the Society, Dr. Grindon was inclined to differ from the last speaker, who placed so much importance on the sexual phase of the question. Sometimes the mutilation is done for a fraudulent purpose. When at the Female Hospital he had a case of a woman who burnt her hands with lye in order not to be put to work in the laundry. Some years ago he had seen a young man, of good family, of rare intelligence and excellent education; he had had Pott's disease of the spine, and was a distinctly neurotic subject. A younger brother, to whom he was much attached, had been drowned some years before. Although disclaiming any religious belief, he entertained the idea that this brother was suffering in another state for the sins committed here and that he might relieve him by some form of vicarious atonement; so, with the lighted end of a cigar, he deliberately burned into his arm a Latin cross. There were several steps leading up to it, and these were surmounted by the cross. The purpose may be fraudulent, fanatical, mischievous, insane, to compel sympathy, or interest or notoriety. The condition is sometimes seen in hysterical persons. The purpose in many cases is past finding out. When we remember that hysterical subjects often have areas of anesthesia, it seems likely that these mutilations are practiced on such areas. He believed there was an element in many of these cases besides the infliction of mutilation, whether it be by the use of a needle, or pin, or a cauterant; namely, a peculiar vulnerability of the skin. If this condition did exist, as he thought it did in some cases, a slight degree of violence would produce a considerable lesion. At the meeting of the Dermatological Association in 1897 several interesting papers were read on this subject. Dr. Hyde contended that we should not necessarily consider these lesions as being intentionally inflicted; that the mental constitution of the patient might be such that self-infliction of the lesion was not intentional. Nevertheless, motives of jealousy or a desire for sympathy do often come into play, as in the case of the Algerian prostitutes, who frequently burn themselves with lighted cigarettes when deserted by their lovers. In the case presented, he believed the self-infliction was probably unconscious, and also that a peculiar susceptibility of the skin played a considerable rôle.

DR. SCHWAB said he was not inclined to lay special stress on the sexual element in the cases as a rule, but he did think it was so in this case.

KUBISAGARI, the Japanese name of a disorder sometimes spoken of as Gerlier's disease, is a paralyzing form of vertigo. Curiously, the disease is only found, so far as we yet know, in Japan and Switzerland. In both countries it is confined to a limited district. In the provinces of Aomori and Iwate in Japan it is endemic. The disease seems to be associated with cattle, and those who are engaged in their care, particularly those who sleep in stables are liable to be attacked. The disease is common during summer and disappears in winter. It is self-limited, having a duration of from one to five months. Fowls and cats are attacked by the disease. The extensors of the neck and muscles of the lower extremities are usually paralyzed.

Current Medical Literature

ANATOMY AND PHYSIOLOGY.

Comparative Chest Measurements.—H. M. Lee* compiled the average chest measurements from eight hundred men enlisted in the government service as passed by the board of surgeons. The average age was 26 years, the ages ranging from 18 to 50 years. The majority were accustomed to heavy exercise in their daily work, all well built and muscular. Average measurement at complete expiration, 29.523 inches; at complete inspiration, 33.289 inches; average expansion, 3.766 inches. The average expansion is over half an inch greater than is generally taken as the average. The smallest expansion was two inches; the largest, six inches. Age seemed to play a small part, for the older men examined had an average of over three inches.

What and Where is the Origin of Acetone?—Waldvogel.† The ingestion of large quantities of proteids has a tendency to increase the nitrogenous elements of the urine, but not acetone. Carbohydrates are known to have an inhibitory action on the production of acetone. In diabetes the sugar and the acetone bear no constant relationship to one another. Fat, then, is the only substance that can give origin to acetone. When given per os it increases the quantity; when given in subcutaneous injections it produces no such action. It seems then that the intestines play an important role in the formation of this substance. The author is not inclined to attribute the entire production to the intestinal tract, but thinks that the large glands share in its production.

Transposition of the Viscera.—At the last meetting of the American Pediatric Association, J. P. Crozer Griffith‡ showed specimens of a case of transposition of the viscera, which was complete, except that there was no dextra-cardia present, although the usual positions of the great vessels was reversed. There was also a pulmonary stenosis and perforate septum ventriculorum. The diagnosis of the cardiac lesion was made during life; that of the transposition was not.

A Case of Asexualism.—H. Brooks§ reports a case the chief characteristics being these: (1) General habitus and physical development of the female rather than of the male type; (2) small but naturally formed male external genitals; (3) undeveloped, nonfunctionating sexual glands (testes and prostate); (4) presence of a normal spinal sexual arc, shown by the fact that erections of the penis took place; (5) absence of all psychic sexual manifestations. Cases of this nature are clearly defined from the large class of sexual psychopathics in which the sexual abnormalities and manifestations are chiefly or wholly mental. In this case no mental sexualism, either normal or abnormal, was present. All the sexual organs were of a distinctly male type, and aside from their diminutive size were of natural anatomic conformation. The case should therefore be classed as a congenital psychic neuter, or as one of psychic asexualism, associated with non-developed sexual glands. The patient was thirty years old.

*N. Y. Med. Rec., July 29, 1899.
†Centralblatt für inner Medicin, July 15, 1899.
‡Archives of Pediatrics, August, 1899.
§N. Y. Med. Rec., Aug. 12, 1899.

The Pulsatory Foot Phenomenon.—This phenomenon is thus described by Placzek:* If one, in a sitting or reclining position, puts one leg over the other, in such a manner that it is supported in the hollow of the knee by the other leg, then if the muscles are absolutely relaxed, a forward motion of the point of the foot, synchronous with the pulse-beat, can be observed. The explanations advanced for this phenomenon are mainly two: (1) that it is in some connection with the patellar reflex; (2) that it is a reflex effect of the pressure on the popliteal artery, which, in the position in which this phenomenon is seen, is easily compressed. Curve tracings of this phenomenon from normal individuals and by those affected with various heart lesions, are shown to demonstrate its arterial origin. The fact that this phenomenon exists in patients who have tabes dorsalis, tends further to prove that the patellar reflex has nothing to do with its existence. The phenomenon, as yet, has no especial clinical significance, but the author hopes that with further investigation it will be found to be of importance.

Variations in Human Gait.—E. H. Bradford† says that for the practical purposes of the clinician it is necessary to bear in mind only a few points, as follows: that there are two varieties of human gait besides what is known as a run, and that of these the one in which the body is held erect, the weight being well behind the front foot, is the most common in civilized communities; the other variety is common among barefooted savages. In the erect gait the heel of the front foot is important as a means of pulling the body forward, as is also the front of the forward foot as soon as the weight of the trunk is brought over the forward leg; the front of the rear foot is also used as a means of propulsion in the final push. Greater attention should be paid to the development of the muscles regulating the front of the foot, in the toes, and in the development of muscles that will enable men to utilize the forward gait.

*Berl. klin. Woch., June 31, 1899.
†N. Y. Med. Rec., July 8, 1899.

DISEASES OF CHILDREN.

Puncture of Chestwall in Children.—KOPLIK‡ advises against indiscriminate puncture of the chest-wall in children. Puncture should only be made when absolutely necessary, when physical signs distinctly indicate presence of fluid. Needle should not be too large (never over a millimeter in calibre); more than two punctures should never be made at one sitting; needle should not be entered too deeply into the chest-wall, at most two centimeters. Hemorrhage from nose or mouth immediately following puncture is not so very rare; author has seen it four times. It results from puncture of a pulmonary vessel. Rest and quiet are all that are usually needed in these cases, though in a hemophilic this might be a very serious accident. Especial care should be taken in puncturing on the left side, and one should not puncture over apices of lungs or over great vessels.

Congenital Diaphragmatic Hernia.—S. W. KELLEY† reports a case of an infant which lived but twenty minutes. A post-mortem was made because it had been observed that the apex beat was on the right side. The following anomalous condition of affairs was found: A large portion of the diaphragm on the left side and posteriorly was absent. The opening of the diaphragm was occupied by liver and colon. In the thoracic cavity were the stomach, the small intestines and part of the colon. The pancreas lay in the lesser curvature of the stomach. The heart was on the right side of the thorax and twisted in its long axis. The lungs were back of the small intestines. The author gives an interesting description of the embryologic causation of this class of malformation.

Summer Diarrhea in Infants.—Abroad, of late years, a good deal has been said of the value of tannigen in controlling the stools. Dr. BLACKADER* of Montreal, in an excellent review of the recent literature on summer diarrheas, quotes no less an authority than Escherich, the well-known Professor of Children's Diseases at the University of Graz in Austria, who speaks very favorably of tannigen and claims for it a distinct disinfectant and bactericidal effect. Kraus and Biedert have also written in its praise, especially for chronic intestinal catarrh. It is a tasteless powder, therefore easily administered, and is given in doses of two to five grains four times a day. It is especially useful in cases of follicular enteritis, where local measures are of little avail. Its administration is continued in lessened doses after the acute symptoms have subsided, and it is said to hasten convalescence, which is often apt to be tedious.

*Archives of Pediatrics, August, 1899.
†Archives of Pediatrics, August, 1899.
‡Progressive Medicine, March, 1899.

Acute Tonsillitis at Five Months. — T. G. BROWNSON* reports a case of follicular tonsillitis in an infant of five months. The attack, which was quite severe, ran a typical course and subsided. There was recurrenee at the eleventh month, the second attack also pursuing a favorable course.

EYE, EAR, NOSE AND THROAT.

The Effects of Influenza Upon the Eyes.—H. S. OPPENHEIMER† gives an abstract of the reported observations in this connection. The manifestations of influenza in the eyes, while comparatively few, are so numerous actually that there is a great mass of material on the subject. These eye troubles may be divided into different classes, in order to explain their etiology. Glaucoma and the lighter grades of paresis of the eye muscles may be accounted for by the lowering of strength, and we need not ascribe a specific effect to influenza in the production of these. In the hemorrhages into different parts of the eye, we have the changed condition of the blood as the probable factor; they occur also in icterus, albuminuria, anemia, etc. In the purulent uveitis, orbital cellulitis, panophthalmitis, etc., septic emboli are probably the original factors. The severe nervous troubles of the eye, when they cannot be explained by the occurrence of hemorrhages, seem to be caused by malnutrition, using the term in its broad sense; epidemics of night blindness, observed during fasting seasons in Russian prisons, are entirely overcome by rest in bed and proper diet, without other treatment.

Epiphora, or the Watery Eye.—J. H. WOODWARD‡ gives a sketch of this common affection, which is always a source of annoyance, and is sometimes responsible for the hopeless destruction of an eye. From the simple cases, characterized merely by a more or less constant overflow of tears upon the cheek, to those in which the epithelial layer of the cornea is destroyed in cases of dacrycystitis, leading eventually to loss of vision, and possibly to loss of the eyeball itself, all degrees of severity are met. The causes are considered under those that occasion an excessive production of tears and those that interfere with the proper function of the drainage system. The treatment depends in each case upon the underlying cause. Excessive flow may be due to emotional states, conjunctivitis, irritation or inflammation of iris, cornea, choroid or retina, foreign bodies, eye-strain, cold winds, irritating vapors, etc. The conditions which suspend or impair the drainage system operate in mechanical ways, and the fault may be in the puncta lachrymalia, the canalicula, the lachrymal sac, the nasal duct, or the nose, each of which

*Archives of Pediatrics, August, 1899.
†N. Y. Med. Jour., August 12, 1899.
‡N. Y. Med. Rec., August 12, 1899.

should be examined to ascertain the location of the obstruction and lead to the proper method of treatment for its relief.

The Use of Suprarenal Capsule in the Nose and Throat. — J. C. Sharp* believes that this astringent will contract the nasal mucous membrane, without any danger or ill effect to the patient, and can be given into the hands of the patient for use at home. The aqueous extract will be found beneficial in various conditions of the nose attended with hypertrophy of the turbinates, in septum operations, in congestion of the pharynx, acute amygdalitis, cauterization of the inferior turbinates, and in hay fever. The best result is obtained when the solution is applied directly to the mucous membrane and not sprayed; a ten per cent. solution of the aqueous extract is used, making up a small amount at a time, as it decomposes very quickly.

A Note Upon Aural Vertigo (Ménière's Disease) and the Organ of Equilibration.—Mettler† considers the nucleus of Deiters the true centre of equilibrium. The semi-circular canals play an important rule within the general apparatus of equilibration, but are not the essential organs. Ewald's experiments are referred to as proof of this theory. After the removal of the semicircular canals, the maintenance of equilibrium may within time be reacquired. Again, in certain of the lower forms of vertebrates requiring the nicest sort of equilibrium there are no semi-circular canals. These and other reasons lead the author to the belief that the sense of equilibrium is essentially a complicated sensory-motor phenomenon, in which the semi-circular canals form but a link.

A Case of Vicarious Menstruation Through the Ear. — Lermoyez‡ reports the following case: Menstruation began three years ago and made its appearance through the right ear. Regularly every month, after the ordinary prodromic symptoms, there was bleeding from the right ear; blood was clear and uncoagulable; it oozed out from the walls of the external auditory canal, the cutaneous blood vessels of which were greatly dilated. The tympanum was intact. There were no discoverable changes in the ear. After nearly three years of this form of menstruation she began to menstruate through the vagina, and this tends to replace the auricular menstruation, which now occurs every two or three months.

Tuberculosis of Pharynx.—C. F. Theisen.§ Tuberculosis of the pharynx must be regarded as an extremely rare condition. It is, as a rule, secondary to the lung involvement, or may be coincident with it, and is usually a symptom of acute general tuberculosis. In many cases the sputum causes the infection, but in the large majority it is undoubtedly conveyed by the blood and lymph channels. It may be secondary to tuberculous caries of the cervical vertebræ. Primary cases, although exceedingly rare, have been reported. Two cases of pharyngeal tuberculosis are reported, in both of which there was lung involvement; a bacteriologic diagnosis was made in both cases. A positive diagnosis ought not to be made without a bacteriologic examination and without first trying potassium iodid. Much greater interest has lately been taken in the subject of tuberculous infection of the tonsils and the lymphoid tissue of the naso-pharynx. The literature on the subject is briefly reviewed. Not enough consideration has been given to the fact that the tonsils are of considerable etiologic importance, as perhaps often the primary seat of infection in general tuberculosis. It has been shown that tuberculosis may extend from the tonsils to the lungs.

Large Nasal Polypus in a Child.—H. R. Caston* reports the removal of a nasal polypus weighing one ounce and measuring three inches and a quarter in length, which grew from the nasal septum of a girl of 12 years. The lower end protruded half an inch below the margin of the velum pendulum palati. It was attached to the septum, just at the opening of the right posterior nares, by a pedicle the size of the little finger. The polypus was removed by manual avulsion. It was nearly a pure myxoma.

*N. Y. Med. Jour., August 12, 1899.
†Medicine, August, 1899.
‡La Presse Medicale, July 15, 1899.
§Jour. Am. M. A., Aug. 12, 1899.

INTERNAL MEDICINE.

Malarial Aortitis.—Lancereux† reports additional cases of the above affection, in an endeavor, he says, to convince those that are still doubtful about its existence. Its cause is the paludic infection. It is found in persons between the ages of thirty and sixty, who have had attacks of intermittent fever, and also among those who have lived for a long time in the so-called malarious districts. The seat of the lesion is the ascending part of the arch of the aorta. It begins in the external coat, which becomes congested, thickened; new vessels surrounded by numerous nodules are formed; the middle coat of the artery is involved; it is then destroyed, and finally we find in the inner side of the aorta thickened patches. As a result of these changes we have the formation of sacculated aneurism, and attacks of angina pectoris, if the inflammatory changes reach the cardiac plexus. All his cases had angina pectoris, and eight had aneurism. The beginning of this affection is very insidious, and it takes several years for its full development. For treatment he recommends iodid of potassium and a milk diet.

*N. Y. Med. Jour., Aug. 5, 1899.
†La Presse Medicale, July 5.

Odd Types of Disease.—F. S. PEARCE* refers to the fact that there is a certain percentage of truant affections, especially in the nervous system, which do not conform to the type of the class in which they belong. He discusses some of the rare and unusual cases of tabes dorsalis, myelitis, syphilis of the spinal cord, cerebro-spinal palsy, chronic anterior poliomyelitis, cerebral diseases in which unusual symptoms occur, as in some cases of abscess and edema. Traumatic neurosis and hysteria furnishes many odd types, likewise chorea and tabes. In many an outside cause of mental depression should be looked for; worry is undoubtedly often the etiologic factor, and superfluous hair is the cause of secretiveness, depression, and finally neurasthenia, in not a few women, and should be corrected by electrolysis, as fully as would be a gynecologic lesion.

Addison's Disease.—F. VOLLBRACHT† reports a case of Addison's disease following a glomerulonephritis, with purpura hemorrhagica; treatment with adrenals had a beneficial effect temporarily; post-mortem showed tuberculosis of the adrenals; author thinks that the purpura was not a mere intercurrent affection, but rather an expression of the hemorrhagic diathesis often found in Addison's disease.

Infusion of Salt Solution Combined with a Special Method for the Administration of Oxygen Inhalations as a Treatment in Pneumonia.—PENROSE,‡ in the treatment of pneumonia, has used infusions of the physiologic salt solution, followed by inhalations of oxygen, with apparently good results. This treatment was prompted by the effect of infusion of the salt solutions upon the respiration noticed in surgical operations. He maintains that the toxins in the blood are then diluted, delirium relieved, the elimination through the sweat glands and kidneys promoted. It lowers the temperature and the rate of respiration, stimulates the heart, and apparently renders the patient more susceptible to the influence of oxygen. Special attention must be paid to the second pulmonic sound during the process of infusion. Should it become greatly accentuated as to assume the character of a murmur, infusion is at once stopped and bleeding resorted to. He prefers the use of a funnel in the administration of oxygen and suggests passing the oxygen through a hot inhalation mixture. This method the author has used both in his private practice and in the Johns Hopkins Hospital with comparatively good results.

Reflex Cough.—G. L. RICHARDS.§ The term includes all coughs extra-respiratory in origin, which are due directly or indirectly to irritation of the fibers of the pneumogastric nerve, whether peripheral or central. The term, nervous cough, is often applied to those of central origin. Included in the term reflex, are the coughs of pressure origin, as from aneurism, enlarged thyroid, and new growths outside of the larynx and trachea. The pneumogastric nerve, with its wide distribution to vital organs and centers which it controls directly or indirectly, is the key-note of the subject and explains how manifold are the possible causes of reflex cough. Reflex and nervous cough is characterized by some or all of the following: Sudden appearance, rhythmic character, free intervals, expectoration slight or absent, no fever or marked constitutional disturbance, may continue for years or stop at any time, may come at regular intervals, is most marked when the patient is under observation, is usually absent at night, its tone is various, its chief features are hoarseness and imperfect explosion. While the central origin of nervous cough has never been proven, it is highly probable. Reflex coughs, having their point of irritation in the uterus, stomach, bladder, intestines, the ear and nose are of frequent occurrence. Therapeutics depends upon diagnosis.

Observations on the Typhoid Fever Epidemic in Southern Camps, and Its Treatment.—J. F. CHRUEBICEK* came to the following conclusion from these observations: 1. The camp should be frequently changed. 2. The division hospital is here to stay, as only in this hospital can female nurses be employed; and 3. The proper person as attendant is the female nurse. 4. All soldiers should be educated in plain sanitary hygiene. 5. The sooner the patient takes to bed the fewer complications are likely to follow. The hemorrhagic and perforation complications develop in patients who walk until they fall, and who use indigestible food during the first stages of typhoid. 6. Milk is not suitable for every case, many of the patent foods on the market, especially "predigested" foods, must replace it in many cases. 7. Sugar used during convalescence will cause relapse quicker than solid food. 8. Every case requires special study. 9. The severest case, with hemorrhages and other complications, may get well, while the lightest case, apparently doing well, may prove fatal. Never give up a case as hopeless. 10. All the patients in the Southern camps showed a remarkably low pulse rate even with high temperature, for which no explanation can be offered.

Rational Treatment of Chronic Morphinism.—A. J. PRESSEY† advocates the method of slow reduction, which causes a lessened amount of discomfort to the patient. There is no suffering if the reduction of the amount of morphine is made only as the condition of the patient is so improved that his necessity for the drug is lessened to the extent of the reduction made. The surplus, which nearly every patient is taking when he presents himself for treatment, and

*N. Y. Med. Jour., July 29, 1899.
†Wiener Klinischer Wochenschrift. July 13, 1899.
‡Johns Hopkins Hospital Bulletin, July, 1899.
§N. Y. Med. Rec., August 5, 1899.

*N. Y. Med. Jour., August 5, 1899.
†Jour. Amer. Med. Assn., August 12, 1899.

which is more than he requires to make him comfortable, can be at once withdrawn, and the patient feel the better for it. When the largest amount has been withdrawn that can be and still leave the patient comfortable, the reduction must cease till the system has adjusted itself to the new condition of things. Every function of the body approximates a more normal condition, except the heart, which will require small doses of strychnine or hydrastine. The first point is to keep the patient on as small a quantity of morphine as is compatible with comparative comfort, and yet not get the dose so small that he will be in misery before the next regular hour for morphine. The patient should feel perfectly comfortable for three or four hours after getting his dose. The morphine is given at 7 A.M., 12 M., 5 P.M., and 9 P.M., so that it is given just previous to meals and bedtime. Patients can seldom be treated successfully at their homes.

Arterial Tension in Pneumonia.—A. Gilbert and J. Castaigne,* in a study of the above subject, in seventeen cases, have arrived at the following conclusions: During the first and second days of the disease there is an increase of the arterial tension; this they consider characteristic of human pneumonia, as they have never found it in the experimental pneumonias of animals. When bronchial breathing is evident, from the third or fourth day, there was decreased arterial tension in all the cases, and the pulse was very unstable. In those cases that ended in recovery, the tension never descended below 10, while it descended rapidly to 8 or less in those cases which terminated fatally. During convalescence the pulse reaches normal much faster than the arterial tension. If above observations are confirmed by other observers, the reduction of the arterial tension to 9 or less in a case of acute uncomplicated pneumonia, would justify a very guarded prognosis even in the absence of other unfavorable symptoms.

Typhoid Mortality in Twenty-four American Cities, 1889–1898.—F. S. Crum† presents in tables: (1) the actual annual mortality from typhoid fever in twenty-four American cities, (2) the annual mortality rate per 100,000 inhabitants, (3) the percentage of reduction in the mortality rates, (4) a summary statement of the mortality in the twenty-four cities, arranged in the order of their typhoid mortalities, from the highest to the lowest, (5) the estimated population, the deaths from typhoid and the typhoid death rate per 100,000 of population of the twenty-four cities in aggregate for each of the years of the decade, for the two quintennial periods, and for the entire decade. Two facts of importance are brought to light, viz.: the typhoid mortality rates are almost uniformly excessively high, and there has been a notable reduction in the rates of most of the cities during the decade under observation. The reduced rates in most instances are directly attributable to improvements in the water supply; Newark and Chicago are typical examples of this.

*La Presse Medicale, July 5.

†N. Y. Med. Rec., Aug. 12, 1899.

The Pathology and Etiology of Rheumatism.—C. R. Marshall.* The pathology and etiology of rheumatism are still not clear. The existence of lactic acid in the economy is a predisposing cause of the disease, but there is no conclusive evidence that it is the exciting cause. Reduction in the alkalinity of the blood is a prominent feature of the disease; this may follow the suppression of perspiration, the ingestion of food containing a high percentage of acid, or the absorption of products of acid fermentation in the gastro-intestinal tract. Nutrition is inhibited by diminished oxidation; reduced alkalinity of the plasma means diminished oxidation and consequently retarded nutrition. Defective oxidation is most generally observed in warm and damp climates; the clear, cold and dry air of winter acts as a stimulant to those processes which are then so much accelerated that many of the phenomena characteristic of rheumatism are checked or fail to appear. The prompt and systematic administration of alkaline salicylates is the only safe plan to adopt in the treatment of the acute type of articular rheumatism. Salicylic acid is freely absorbed by the skin and may be applied in the form of an ointment; the physiologic effects of the salicylates are manifest in a short time, but no gastric complications occur. The application is covered with impermeable material.

Malignant Non-Septic Form of Endocarditis Rheumatica.—M. Litten† believes that there is a distinct form of endocarditis which is different from the benign endocarditis rheumatica on the one hand and the septic ulcerous on the other. He suggests the name of malignant non-septic endocarditis rheumatica. This form has always a fatal course, does not produce purulent processes, and does not lead to connective tissue contraction. That this form is rheumatic is shown by the prompt reaction of the accompanying rheumatic symptoms to the salicylates. This form is found most always in the course of an acute articular rheumatism; it is always fatal and is not septic. The objective symptoms on the part of the heart are the same as in the rheumatic form, only more pronounced. The subjective symptoms are the same, but may be absent altogether. The metastases in this form are found in the form of bland infarcts and anemic necrosis; malignant septic metastases are altogether wanting. The most characteristic post-mortem peculiarity is that nowhere are purulent processes or thrombo-phlebitis found. A micrococcus was isolated. In animal experiments no purulent process followed

*N. Y. Med. Jour., August 12, 1899.

†Berl. klin. Woch., July 10, 1899.

the inoculation. The micro-organism soon lost its virulence. In conclusion, Litten makes a plea for the recognition of this form of endocarditis and its separation from the other forms, so that in the beginning the danger of this variety of rheumatic endocarditis may be recognized.

Heat versus Fever.—F. W. D'Evelyn.* A large percentage of diseases are accepted as the results of presumed rather than of actually determined causes. Physicians often are satisfied if the presence of a number of symptoms is recognized and are no longer anxious about the cause. The most prominent or most intensified symptom is the one object of attack and constitutes the guide for treatment. This is particularly evident in the class of maladies accompanied by a rise of temperature. Mental anxiety and therapeutic attack concentrate upon the symptom "heat." This fallacy is more rampant in typhoid fever than in any other diseases. The reduction of heat is not equivalent to a reduction of fever, and is not equivalent to a modification of the intensity of the disease. What is really necessary instead of cold water externally is warm water externally, free libation internally or warm rectal injection. A more intelligent interpretation of a rise of temperature than is given by the thermometer is needed.

Acute Bronchitis: A Symptom; The Treatment from an Etiologic Standpoint.—T. F. Reilly† summarizes his ideas as follows: (1) Acute bronchitis is a symptom. (2) The diseased condition of which it is a symptom is a toxemia which may be due (*a*) to the so-called uric acid poison; (*b*) to auto-intoxication from the intestinal canal; (*c*) to specific infectious agents. (3) The treatment with nauseous mixtures under the name of expectorants, is illogical, and is opposed to modern therapeutics. (4) In every case we should endeavor to discover the etiologic factor and treat the same.

Hemoglobinuric Fever.—E. E. Field,‡ This form of malarial disease, characterized by the excretion by the kidneys of the coloring matter of the blood, is uncommon in temperate climates. While persons attacked are usually subjects of chronic malarial disease, it may attack patients outright, although they have been residents of a malarious district. The distinctive symptoms is the voiding of peculiar coffee-colored urine every ten or fifteen minutes; jaundice is very rapid; in many cases the yellowness of the skin increases so that the clothing is stained yellow whenever saturated with perspiration. In fatal cases, if the patient does not die from hemorrhage or uremic poisoning during the first thirty-six hours, the result is brought on by exhaustion in the next three or four days. In favorable cases there is very slow convalescence. It resembles yellow fever in being accompanied with yellowness of skin, black vomit, high degrees of pyrexia, and constipation. Quinine, particularly the sulphate, given to prevent a malarial paroxysm, often produces hemoglobinuria. The therapy is very unsatisfactory, the mortality in the best statistics being 50 per cent. Quinine should never be given until the hemoglobinuria has disappeared, and then again discontinued upon the first appearance of bloody urine. Salines for constipation, morphine for the pain, cold to the head, and arsenic give best results.

†Phila. Med. Jour., August 5, 1899.
‡N. Y. Med. Rec., August 12, 1899.
:N. Y. Med. Jour., August 12, 1899.

One Hundred and Thirty-two Gall-Stones Removed Without Operation.—Speidel* reports a case of chronic catarrhal cholangeitis which readily yielded to the following treatment: Diet restricted within reasonable limits and the use of a large quantity of buttermilk advised. Strontium salicylate and chionanthus Virginica were used for their cholagogue effects to expedite, thus offering a *vis a tergo* to the other means employed in rendering the biliary passages potent. Arsenite of copper and nitro-muriatic acid were used throughout. Patient was ordered to drink a glass of hot water each time with her medicine. High rectal enemata were used, and patient was soon able to retain a half gallon of normal saline solution of a temperature between 110° and 112° from bed-time until the following morning. This proved to be of the greatest possible value. Hot baths were recommended for the itching.

NERVOUS AND MENTAL DISEASES.

The Variations in Pressure in the Spinal and Cranial Fluid in Convulsive Attacks.—E. Nawratzki and M. Arndt† make a notable contribution to the theory of epileptic attacks along the same lines that Kocher in 1893 first advanced. Kocher supposed that the increase in pressure of the cerebro-spinal fluid had an important bearing upon the causation of epileptic seizures. Drainage of the ventricles of the brain was brought forward as a therapeutic measure. Lumbar puncture would also serve to lower the intraspinal pressure. The experiments in this article were done on three epileptics where attacks could in a measure be prognosticated; so it was possible to have the normal pressure by means of a lumbar puncture and with the canula still inserted the pressure during the attack and its variation could be read from a manometer. The important facts observed are as follows: Between the attacks the pressure of the liquor cerebrospinalis is no higher than normal. Synchronous with the general toxic contraction there is an increase in the pressure of the fluid. The inference is drawn that this increase in pressure is secondary and is caused by the attack and results from the

*The American Practitioner and News, July, 1899.
†Berl. klin. Woch., July 24, 1899.

temporary difficulty in respiration and is an expression of the venous stasis. This result is directly contrary to that reached by Kocher, but agrees with von Bergman's view.

A Further Contribution to the So-Called Congenital Facial Paralysis Acquired in Early Childhood.—M. Bernhardt* makes a further contribution to this subject by the report of two cases. The first case is a congenital unilateral limitation of motion of the right eye towards the outside, combined with a paralysis, that is, with a lack of development of the muscles supplied by the facial on that side. In addition to the frontalis and corrugator, the right lip-chin muscles were inactive and could not be stimulated. In the second case, in addition to a slight weakness of the orbicularis palpebrarum, a limitation in motion of the muscles of the right corner of the mouth and the right half of the upper lip were present. The remaining right facial muscles were present and functionated. In one of these cases was also a congenital absence of the right thumb. Such congenital anomalies have been frequently observed in such cases.

A Neuritis, Hemiplegic in Type, Caused by Carbon Dioxid Poisoning. — P. Lereboullet and F. Allard† report a case of carbon dioxid poisoning. These cases, when they conform to the type of a hemiplegia, are always difficult of diagnosis, as it is often difficult to distinguish them from a hemiplegia of central origin or a hysterical form. The careful electric examination is the only positive means of identification. The case is that of a man, aged 44 years, who was brought into the hospital in a comatose condition, the result of a carbonic-oxid poisoning. The next day the condition was much improved, except a complete right-sided hemiplegia remained. A partial reaction of degeneration was found, which made the diagnosis of a toxic neuritis certain. This case illustrates how complex may be the lesions produced by various intoxications. It is only by a most careful examination with the aid of electric test of the muscles and by noting the evolution of the process that the special form of the toxic effect can be recognized.

Angioneurotic Edema and Allied Conditions.—B. Onuf‡ shows, from a complete report of seven cases, how closely angioneurotic edema is allied to urticaria, certain forms of erythema, and some other disorders, all of which may be considered as being due to disturbances in that part of the nervous system which presides over the vegetative functions of the organism. As predisposing factors, a neuropathic or psychopathic taint was the most important. As to the exciting causes, in three cases psychic influences of a depressing and fatiguing nature were prominent; in the other cases causative factors were bodily exertion, alcohol, an acute illness, while in one case no distinct cause could be elicited. The typical angioneurotic edema manifests itself by circumscribed swellings, which may have a soft, almost lipomatous consistence, or they may be rather hard, like contusion bumps, or very soft and puffy. Usually they do not pit on pressure and are thus distinguished from hydropic edema. Differential diagnosis is entered into, together with prognosis and treatment. A treatment directed toward a general strengthening and tranquilization of the nervous system would have the best chance of success.

The Importance to Insane Asylums of the Berlin Congress for Tuberculosis, 1899.—F. Siemens* considers the question of tuberculosis in its relation to institutions for the insane. As is well known, tuberculosis in various forms is of great importance to all institutions where a large number of individuals must be kept together. Specially must this be so in insane asylums, where the length of residence for each individual is so long. The ordinary regulations against the spread of the tubercle bacilli through the sputa, etc., is especially to be observed among the insane. It is essential then to diagnosticate as soon as possible beginning tuberculosis, and to remove those so afflicted from contact with the others. So many insane have ordinarily a very superficial breathing capacity that they would easily become infected. It is evident then that special wards should be provided for tuberculous patients.

On the Morphologic Changes in the Cells of the Anterior Horn of the Spinal Cord During Activity.—Luxenburg† continues the work begun by Hodge, Monn, Lugoro, etc., in the experimental study of the motor cell of the cord in activity and in rest. A review of the works of these authors is first given with a careful consideration of their results. The method pursued by Luxenburg is as follows: Under narcosis, the vertebral canal of rabbits and dogs, in the dorsal region, was opened posteriorly. Then two cuts were made in the cord, the first of which divided the right from the left half of the cord, the second at right angles for the purpose of separating the influence of the segment lying above, the function of which is connected with the motility of the posterior extremity. Then the cranial nerve of one of the posterior extremities was laid free. This nerve was then stimulated by the faradic current until good contractions were obtained. The stimulation lasted one hour, with continuous stimulation of five minutes. The animal was then instantly killed and the spinal cord segment taken out and stained with Nissl and thionin. The following conclusions are

*Berl. klin. Woch., July 31, 1899.
†Revue Neurologique, July 15, 1899.
‡N. Y. Med. Rec., August 5, 1899.

*Psychiatrische Wochenschrift, July 22, 1899.
†Neurologische Centralblatt, July 15, 1899.

noted: (1) The store of potential energy of the cells of the outer horn of the spinal cord lies in the chromatic substance. (2) The condition of activity of the motor cells is accompanied by morphologic changes which find their expression in the disintegration of the chromatic substance. (3) The size of the cell and the nucleus remains in general unchanged during activity. The nucleolus is enlarged. (4) The position of the nucleus in regard to the cell body remains unchanged. (5) The protoplasmic branches of the nerve cell are concerned in the cell activity. (6) The condition of fatigue of the nerve cell is accompanied by wide-spread changes in the chromatic and achromatic substances.

Criminal Morphomania. — T. D. Crothers* points out a new phase in the symptomatology and describes a condition, which he terms "palsy of the higher psychic centers," resulting from the use of opium. The former personality of the person is lost, and he acts from a different point of view; his conduct and thoughts vary widely from former conditions, and he seems to have new motives and purposes, foreign to any previous life. These strange inconsistencies of conduct and thought come into legal notice in the question of responsibility in crime, The apparent cunning, honesty and reasoning are so unusual and foreign to all theories of mental failures that the expert is unable to detect any defined insanity, and yet he cannot doubt that some condition of brain disturbance is present. Cases are cited, showing the apparent double personality of people addicted to the excessive use of morphine; they have full control of their nerves at times and can act a double part so clearly as to disarm suspicion. They act and talk with the certainty of truthfulness, and seem unconscious of the deception they practice. The prominent symptoms are great mental clearness, self-possession, and cunning, with unusual frankness and candor. The only theory to explain this condition is some obscure palsy of certain brain centers, which breaks up the consciousness of right and wrong, or suspends reasoning on the nature and consequences of acts committed.

A Case of Traumatic Neurosis With Hemorrhages From the Pharynx.—E. Von Adelung† reports a case occurring in a woman 36 years old, coming on after a fall from a railroad train. The features of special interest in the case are as follows: The slight degree of physical shock which, combined with the psychic shock, was sufficient to cause the disease. The patient's previous history and that of her family are not neuropathic. There was one uterine hemorrhage immediately after the accident and frequent periodic pharyngeal hemorrhages developed later. There was marked unilateral contraction of the field of vision. Some of the prominent symptoms developed immediately and others were delayed for some time. The hemorrhages from the pharynx began about two weeks after the accident; at first there were two or three a week; once or twice she had two in one day; during the last months they occurred about once a fortnight. The blood, one or two ounces, in quality is rather bright red, alkaline, and there is no nausea nor vomiting, nor gastric trouble of any kind. A dilated and engorged venous plexus was found at the base of the tongue, from which the blood probably flows.

*Jour. Am. M. A., Aug. 12, 1899.
†N. Y. Med. Rec., Aug. 5, 1899.

SURGERY.

Surgical Treatment of Acute Peritonitis.—A. F. House.* The symptoms of acute peritonitis, when operative interference is advisable and not without hope, may be grouped as follows: (1) pain of varying degree, either local and becoming general or general becoming local, according to cause; (2) tenderness, as a result of pain, and marked rigidity of the abdominal muscles; (3) vomiting, usually of a green, ropy substance; (4) shock, varying in degree; (5) distension of the abdomen. The symptoms in fully-developed peritonitis, in which the wisdom of an operation is questionable, are pain, lessened or absent; general tenderness; marked distension replacing the rigidity; incessant vomiting; obstinate constipation; rapid, feeble pulse; cold extremities and mind clear. In the early stages of acute peritonitis, an exploratory incision is justified, but not imperatively demanded. Every case should be subjected to an operation at once, or as soon as the patient has been prepared, excepting in cases of gonorrheal infection of the tube, in which, operation may be delayed until the acute symptoms subside. The method advocated is the irrigation of the peritoneal cavity with from two to four gallons of normal saline solution. No drainage is employed in non-suppurative cases.

A Contribution to the Differential Diagnosis of Appendicitis.—According to Muhsam† the difficulties in the diagnosis of appendicitis come from two sources—in chronic cases, called recently by Ewald appendicitis larvorta, and in cases where the physician finds upon his first examination a general diffused peritonitis. In the latter cases the classic sequelæ of the appendicitis are marked by the general abdominal condition. The author especially objects to the morphine treatment of appendicitis, which causes an additional source of error in the diagnosis. Five cases are now described in which errors of diagnosis were occasioned. All these cases come in under the picture of general peritonitis, the origin of which was somewhere in the right side. Case 1, diagnosed

*Jour. Am. Med. Assn., August 5, 1899.
†Berl. klin. Wochenschrift, July 31, 1899.

as appendicitis, showed, post-mortem, a peritonitis caused by the perforation of a duodenal ulcer near the pylorus. Case 2 showed symptoms of an acute peritonitis; in the ileo-cecal region was a hard mass; post-mortem showed an invagination of the bowel and a gangrenous condition of the lower portion of the ileum. In another case a perforation of a typhoidal ulcer caused symptoms which closely simulated those of appendicitis. In four other operated cases two were perforations through ulcer of the stomach. In consideration then of the difficulty in diagnosing these cases and the importance of a correct diagnosis, from the point of view of surgical interference, the author emphasizes the necessity of a most careful clinical history of every case of appendicitis.

Syphilis in Surgical Practice.—A. D. Bevan* refers to some of the unusual and often unrecognized lesions of syphilis as they present themselves to the general practitioner and specialist. The unusual form met with in the primary stage is the extra-genital chancre. The facts to be kept in mind regarding it are: (1) its atypical character; (2) that it is not a rare lesion; (3) that it is possible in any individual; (4) that we should wait for secondary symptoms before placing the patient on constitutional treatment. Reference is made to syphilitic fever, some cases of which have been diagnosed as typhoid fever. Syphilitic ulcerations of the skin and mucous membrane are very common and are often sent to the surgeon for operation as cases of epithelioma of the nose or carcinoma of the tongue. Gummata are frequently mistaken for malignant tumors and are excised together with neighboring syphilitic glands. The relation of syphilis to fractures is shown by a report of four cases, in which mixed treatment speedily overcame delayed union. Syphilitic joint lesions have been mistaken for tubercular and for gonorrheal affections.

Tendon Transplantation.—The theory of tendon transplantation is thus defined by Hoffa:† In the presence of a paralysis of an extremity, to bringing the paralyzed muscle in connection with a functionally active muscle, so that the functionally active muscle can undertake the function of the paralyzed muscle also. In 1882 Nicoladoni, in Innsbruck, performed the first operation of the sort, sewing, in the case of a pes calcareus, the peroneal muscle to the tendo Achilles. From this time on many similar operations have been done. The following three methods can be followed: (1) The tendon of a fully functional muscle can be cut away in toto, so that its central stump may be joined to the tendon of the paralyzed muscle. As an example of this method the transplantation of the healthy flexor carpi ulnaris to that of the paralyzed extensor digitalis. (2) The tendon of the paralyzed muscle is cut; its central end is not regarded, and the peripheral end as far central as possible is sutured to the healthy muscle. In a paralytic pes equinus the tendon of the tibialis anticus is cut, the foot is brought in as strong dorsal flexion as possible; then the peripheral end of the tibialis anticus is united to the tendon of the extensor digiti communis longus. (3) From the tendon of a fully normal muscle a portion—about half—is turned aside and this portion, in the necessary, correct position of the joint, is joined with the tendon of the paralyzed muscle. Twenty-two patients were operated on by one of these methods. All cases healed quickly and without sepsis. The result can be said to be satisfactory, and with a further experience the limits to which this method can be used will be extended.

*Jour. Am. Med. Assn., August 5, 1899.

†Berl. klin. Woch., July 24, 1899.

Appendicitis; Its Causes, Prevention and Treatment.—W M. Harsha* considers among the etiologic factors: age, sex, season, mechanic causation or excitement of the inflammation. The average age in a series of 159 cases was 26 years and the disease occurred with greater frequency in males and during the summer months. The most frequent exciting causes are believed to be errors in diet, constipation, some form of gastric and intestinal indigestion. Prevention seems possible many times, although hardly demonstrable. Moderation at table, regulation of the bowels, and care in diet, prompt attention to digestive disturbances, are measures always to be employed. In view of the large number of cases that recover from first attacks and remain well, under prompt, rational medical treatment, surgeons should not recommend operation in all cases, although early operation in proper cases has lowered the mortality.

Appendicitis.—R. Stein† concludes that the cause of this disease is to be found in the appendix itself. The organ shows a strong tendency to involution and degeneration, which is the result of a chronic interstitial inflammation. Normally this process goes on without exciting subjective symptoms. But if there be an acute exacerbation of this process we get an attack of appendicitis. As exciting causes we frequently have the entrance of fecal matter into the lumen of the appendix, with formation of coproliths, ulceration of the mucosa of the appendix, and inflammation. Appendicitis differs from other inflammations of the gastro-intestinal tract, in that it manifests an almost constant tendency to become phlegmonous, necrotic and gangrenous. The adhesions formed by the serosa may often help to keep the process localized; but they cannot put any bounds to the general peritonitis which may be excited. Clinically the author divides the cases into several groups, according to the severity of the symptoms mani-

*Jour. Am. Med. Assn., August 5, 1899.

†Deutche Medizinische Wochenschrift, July 6 and 13, 1899.

fested, and based on these he formulates his indications for operation. In regard to diagnosis, the author recognizes a form of "appendix colic," due to the emptying of secretion or coproliths from the appendix into the bowel. This form of colic may last for years, and never show any localizing symptoms. Attention is called to the fact that even in classic cases the pain may not be localized in the right iliac fossa at first, so that McBurney's point may not be of immediate value. In cases where no great local tenderness could be elicited in the right iliac fossa by ordinary means, the author has found that if he made firm pressure on the abdominal wall and then suddenly removed the band, that the sudden tension of the peritoneum [*sic*] would cause pain if there were inflammation, not to be elicited in any other way. Attention is further called to the cases having the characteristics of general sepsis, where only a very careful examination will allow the diagnosis to be made by exclusion. The indications for operation the author puts as follows: Cases with strictly localized process, which show a tendency to improvement had best not be operated upon during the height of the attack. But one attack is a direct indication for removal of the appendix after recovery. Whenever there is distinct indication of abscess formation, abscess should be opened and drained. Cases that begin very severely, and grow progressively worse, should be operated upon as soon as possible. The question of operation in those severe cases which show the picture of septic peritonitis, is one of the most difficult in this entire chapter of surgery. Each case of this class must be decided on its own merits: but it is not to be forgotten that when these cases are seen it is often too late to operate.

Appendicitis; Its Diganosis and Treatment.—W. J. MEANS* submits a report of 112 cases that came under his observation, with the following conclusions: (1) An early diagnosis of appendicitis is desirable and possible if the few cardinal symptoms are understood, such as pain near the umbilicus, tenderness in the ilio-cecal region, tympaniits, and rigidity of the muscles in the lower right quadrant of the abdomen. (2) Too much significance should not be placed on the absence or presence of pain, and high temperature; both may be absent, while grave pathologic conditions are going on; they may also be present to a high degree without determining the pathologic status. (3) Appendicitis is a surgical disease and should be treated from a surgical standpoint. (4) From the nature and location of the disease there are no known remedies given internally or applied externally that can remove the trouble. (5) The pathologic conditions of a diseased appendix cannot be definitely determined by external examination or from the existing symptoms. (6) Early operations give the best results. (7) The time for operation is when a diagnosis has been made, providing the environments of the patient are favorable and there are no complications precluding the same. (8) The technique of the operation is governed largely by the taste of the operator and the pathologic conditions.

*Jour. Am. Med. Assn., August 5, 1899.

Report of a Case of Typhoid Fever, With Perforation, Operation and Recovery.—N. M. SALEEBY* reports a case in which the fever continued 25 days and a relapse 16 days; perforation started on the thirteenth day of the disease. Pain was the first, constant and most distressing symptom. The perforation was insidious, marked by no sudden reduction of temperature or sudden change of pulse. Gastric symptoms were awaited for confirmation. The first vomiting occurred about eighteen hours after the perforation. Similar tenderness and rigidity of the abdominal muscles were observed in another case of typhoid fever, due to hemorrhages into the abdominal muscles. The peritoneal infection was evidently not very virulent; no culture was made of it. Stitches and drains were removed 12 days after operation and healing was complete one month after the time of operation.

Nephrorrhaphy and Simultaneous Removal of the Appendix Through the Lumbar Incision in Floating Kidney of the Right Side, and Appendicitis. — STINSON† recommends highly the lumbar incision in those cases in which appendicitis and movable kidney exist simultaneously. These cases are not infrequent. In the case reported, nephrorrhaphy was performed and the appendix exposed. A concretion was found in the appendix vermiformis, which could be pushed back into the cecum without much manipulation. Since there were no special indications, the appendix was not removed. The result was in every particular satisfactory.

A Method of Maintaining Approximation After Colles' Fracture by Short Lateral Splints.—A. E. ROCKEY‡ describes this method of maintaining approximation, which prevents pressure on the flexor and extensor tendons and does not interfere with the circulation. The splints, which may be of pasteboard previously moistened, must be wide enough to curve around the side of the wrist, but leave sufficient space between at front and back to protect the tendons from pressure from the splints and thick enough to avoid pressure from the bandage. Perfect reduction of the fracture under anesthesia should be obtained. The splints are placed on the radial and ulnar side, held by a circular clasp of the left hand while the first strip of adhesive plaster, which holds them permanently, is applied around the carpal end

*Phila. Med. Jour., August 5, 1899.

†Centralblatt für Gynekologie, July 15, 1899.

‡N. Y. Med. Rec., July 29, 1899.

of the splints; one more strip of plaster and a circular bandage complete the dressing. The splints may be worn four weeks, or more, as they do not interfere with motion, and insure the safety of the union. A sling wide enough to support the hand should be used for a week, but the use of the hand may be begun at the end of the second week.

Traumatic Tetanus.—A. Krokiewicz* reports a third case of traumatic tetanus cured by injection of emulsion of rabbit's brain. Patient fell from wagon, injured his back, and had leeches applied. Five days later symptoms of tetanus showed themselves, and grew continually worse until the fourteenth day, when patient came under observation. For four days he was treated with sedatives without avail. On the fifth day an emulsion of rabbit's brain, in .6 per cent. salt solution, was injected into the right pectoral region hypodermically. Injection repeated in the two succeeding days, the entire brain of a large rabbit being used each time. All other medication was stopped. Complete recovery. A feature of added interest in the case is that the leeches are supposed to have been the carriers of the tetanic infection.

Skin Grafting by Thiersch's Method.—The best results in skin grafting, according to Adams,† are obtained from healthy granulations of about six weeks' growth. After having everything surgically clean and thoroughly irrigated with saline solution, a sharp curette is used to remove the superficial layer of granulations. The graft is taken from a surface which has been thoroughly cleansed and irrigated and placed upon the granular surface. It is well to have the grafts overlap each other slightly.

Upon the Use of Ethyl Chloride as an Anesthetic.—Wiesner‡ claims for ethyl chloride (Kelene) as an anesthetic a number of advantages over chloroform and ether, especially in army work. It is very rapid in its action, requiring not more than half to two minutes to anesthetize the patient completely. The period of excitement is very short, in fact, frequently absent; the patient returns to consciousness immediately upon removal of the mask. Only in those addicted to the use of alcohol is the process prolonged, and in these alone have the periods of excitement been observed. The author asserts that he has never seen feebleness of the heart, falling back of the tongue, difficult respiration or asphyxia from the use of this anesthetic. On the battlefield, where the operations must be done rapidly because of numbers, ethyl chloride (Kelene) is to be especially recommended, for little time is lost in preliminaries, and the wounded regain consciousness so soon after the operation that they can in a measure care for themselves.

*Wiener Klinischer Wochenschrift, July 13, 1899.
†Cincinnati Lancet-Clinic, August 5, 1899.
‡Innsbruck Surgical Clinic of Prof. Hecker.

Practical Therapeutics.

The Restoration of Continuity in Severed Nerves.—C. S. Fairchild tells us that one of the difficulties in operating upon severed nerves involved in a cicatrix is due to the fact that proliferation of connective tissue goes on after the secondary operation. If the incision is made through the original cicatrix, and the ends of the nerves sutured, contraction in the scar again takes place, and the ends of the nerves are actually separated or their function is interfered with by the proliferation of connective tissue. In making these secondary operations it is necessary, as far as possible, to free the nerve by an incision which goes through healthy tissue. In this way the formation of cicatrix is lessened, and a much better result is secured.

Surgical Hints.—The *International Journal of Surgery* publishes from time to time under the title "Surgical Hints," certain valuable points in the management of surgical conditions. We excerpt the following from a recent number:

"All hypodermic injections may be rendered less painful and more readily absorbed if the active substance is dissolved in saline solution instead of plain water.

"In nursing women, every inflammation of the breast and nipple must be considered as having a bacterial origin, and should be treated like any other infectious process.

"In alcoholic coma always investigate the bladder. It is apt to be very full. If there is no stricture the urine would drain itself out after a while; but if prostatic or other stricture exist, a rupture of the bladder may take place.

"In administering chloroform to patients who have to be placed upon the side, as in some obstetrical operations, place them on the right side if possible, as the heart's action is much better under chloroform in that position than it is when the left chest is compressed against the table or bed.

"In men, the intense scalding during urination in acute gonorrhea may be relieved by urinating with the penis immersed in a vessel containing hot water. Women with gonorrheal urethritis may similarly be relieved by directing them to urinate while taking a copious hot douche, or while sitting in a warm sitz bath.

"After passing a catheter through a stricture with some trouble, it is better to wait a few hours before withdrawing it. If you do not, you may have just as much trouble in introducing another, whereas a catheter left in situ for a day or so, will dilate the canal and permit the passage of the constriction quite easy.

"In ankylosis resulting from disease still existing,

passive motion is harmful. The only manipulation allowable in such cases, is for the purpose of placing the limb, if possible, in the most useful position. In deforming arthritis, knees should be straightened out and elbows bent to a rather acute angle under anesthesia. Then use rests with splints and ice bags to prevent inflammation.

"In women, climacteric hemorrhages sometimes occur as the result of vasomotor disturbances, or of arterial sclerosis. It sometimes happens that several such hemorrhages take place prior to the final establishment of the menopause. Women at this period always attribute such an occurrence to the change of life; but the surgeon must invariably examine the patient on account of the strong chances of cancerous trouble."

Dressing of Burns.—BAER* records a severe burn in a child six years old, with results of treatment. The wound was caused by matches with which the clothes were set on fire. The injury extended from the ninth rib on the left side to the axilla, and thence to the elbow. The pain was most excruciating, and was relieved only by sustained treatment with opiates. Locally, carron oil, cold cream and unguentine were employed at different times, the former two being laid aside for the latter. The oil was objectionable because it stuck to the wound and made a dressing painful to wear, and especially so to remove. The consulting physicians agreed that extensive scarring would result, no matter what dressing was employed, and ordered cold cream. This was displaced by unguentine, which made the most satisfactory dressing in every particular. The result of treatment was rapid and uncomplicated; cicatrization and complete recovery rapidly followed, leaving not a vestige of scar tissue or contraction.

Dry Antitoxin in Diphtheria.—LOUIS FISCHER reports five cases of diphtheria treated with dry antitoxin, all of which recovered. The dry antitoxin is dissolved in sterilized water immediately before use, under strict aseptic precautions; 1,000 units are used as the initial dose, repeated in twenty-four hours if necessary. No exanthem followed the use of the antitoxin in any case.

The Use of Cascara Sagrada in Habitual Constipation.—MOYER† prefers cascara sagrada to all other laxatives in the treatment of chronic constipation. After removing, or relieving, the probable cause of constipation, he gives the original fluid extract of cascara sagrada in gelatin capsules, in order to prevent the nauseating effect of the pure drug. The patient is instructed to begin with 15 drops, to be placed in the capsule just before taking. The dose is increased five drops daily until the desired effect is produced, and then gradually reduced one drop daily. It is advisable to take the cascara in the evenings. This is the only drug that stimulates the peristalsis of the intestines, and at the same time permits of a gradual lessening of the dose without decreasing at the same time its therapeutic effect.

Cold Bath in the Treatment of Delirium Tremens.—LETULER* advocates this treatment in the delirium tremens, claiming for it better results than from any other form of treatment. The improvement is very marked at once, and with it no need of using the straight jackets even in the most violent cases. He advises the bath at a temperature of 65°, given for ten to fifteen minutes at a time, and repeated in two or three hours, as needed. In his last case a bath lasting thirty minutes gave rise to a very alarming collapse, the rectal temperature going down from 104° to 93°; under appropriate treatment, however, the patient made a perfect recovery.

The Subcutaneous Injection of Gelatin in Aneurism.—At a recent meeting of the Berlin Society for Internal Medicine, FRAENKEL† showed a patient with a large aneurism of the aorta who had been treated by subcutaneous injections of gelatin. This method, which is of French origin, consists in injecting 1 to 2 per cent. sterilized solutions of gelatin (in physiologic salt solution) hypodermically; 50 c.c. is the usual quantity employed for the injections, which can be made as often as twice a week. The injections are very painful. In the discussion which followed several other cases were reported, some of which had been much benefitted. The injections had also been used in cases of hemorrhage from the lungs with good effect. It is supposed that the gelatin induces a greater coagulability of the blood, but up to the present time no adequate explanation as to how it does this has been offered. Except for the pain no ill results have been observed after the injections.

Pruritus Vulvæ.—"Two weeks ago I was asked to prescribe for a distressing case of pruritus vulvæ. The condition had existed about two years. A solution of morphine in camphor water had been applied locally until the patient had become addicted to 'the habit.' I prescribed unguentine, to be applied night and morning, after thoroughly cleansing the parts with pure castile soap and water. The effect was simply magical; the itching ceased, the swelling has subsided, and the lady says she 'feels like a new woman.' She is well. So much for unguentine, the (to me) 'indispensable.'" Yours truly,

FERDINAND KING,
Editor N. Y. *Polyclinic.*

*Report, Philadelphia Eye, Ear, Nose and Throat Dispensary.

†Medicine, August, 1899.

*La Presse Medicale, July 8.

†Deutsche Medizinische Wochenschrift, July 13 and 20 1899.